

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1371472

Form ACO-1
November 2016
Form must be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License #	API No.:			
Name:	Spot Description:			
Address 1:	SecTwpS. R East West			
Address 2:	Feet from North / South Line of Section			
City: State: Zip:+	Feet from East / West Line of Section			
Contact Person:	Footages Calculated from Nearest Outside Section Corner:			
Phone: ()	□NE □NW □SE □SW			
CONTRACTOR: License #	GPS Location: Lat:, Long:			
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx)			
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84			
Purchaser:	County:			
Designate Type of Completion:	Lease Name: Well #:			
New Well Re-Entry Workover	Field Name:			
□ Oil □ WSW □ SWD	Producing Formation:			
Gas DH EOR	Elevation: Ground: Kelly Bushing:			
☐ OG ☐ GSW	Total Vertical Depth: Plug Back Total Depth:			
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet			
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used? Yes No			
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet			
Operator:	If Alternate II completion, cement circulated from:			
Well Name:	feet depth to:w/sx cmt.			
Original Comp. Date: Original Total Depth:				
☐ Deepening ☐ Re-perf. ☐ Conv. to EOR ☐ Conv. to SWD	Drilling Fluid Management Plan			
☐ Plug Back ☐ Liner ☐ Conv. to GSW ☐ Conv. to Producer	(Data must be collected from the Reserve Pit)			
Committed at Provider	Chloride content: ppm Fluid volume: bbls			
Commingled Permit #: Dual Completion Permit #:	Dewatering method used:			
SWD Permit #:	Location of fluid disposal if hauled offsite:			
EOR Permit #:	Location of fluid disposal if fladied offsite.			
GSW Permit #:	Operator Name:			
<u> </u>	Lease Name: License #:			
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R East West			
Recompletion Date Recompletion Date	County: Permit #:			

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY					
Confidentiality Requested					
Date:					
Confidential Release Date:					
Wireline Log Received Drill Stem Tests Received					
Geologist Report / Mud Logs Received					
UIC Distribution					
ALT I II III Approved by: Date:					

Page Two



Operator Name: Lease Name: _ Well #: _ County: _ INSTRUCTIONS: Show important tops of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF). **Drill Stem Tests Taken** Yes No Loa Formation (Top), Depth and Datum Sample (Attach Additional Sheets) Name Top Datum No Samples Sent to Geological Survey Yes 🗌 Yes No Cores Taken __ No Electric Log Run _ Yes Geolgist Report / Mud Logs Yes List All E. Logs Run: CASING RECORD New Used Report all strings set-conductor, surface, intermediate, production, etc. Size Hole Size Casing Weight Setting Type of # Sacks Type and Percent Purpose of String Drilled Set (In O.D.) Lbs. / Ft. Depth Cement Used Additives ADDITIONAL CEMENTING / SQUEEZE RECORD Purpose: Depth Type of Cement # Sacks Used Type and Percent Additives Top Bottom Perforate **Protect Casing** Plug Back TD Plug Off Zone 1. Did you perform a hydraulic fracturing treatment on this well? Yes No (If No, skip questions 2 and 3) 2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No (If No, skip question 3) 3. Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? No (If No, fill out Page Three of the ACO-1) Producing Method: Date of first Production/Injection or Resumed Production/ Injection: Flowing Pumping Gas Lift Other (Explain) **Estimated Production** Water Bbls. Bbls Gas Mcf Gas-Oil Ratio Gravity Per 24 Hours DISPOSITION OF GAS: METHOD OF COMPLETION: PRODUCTION INTERVAL: **Bottom** Sold Used on Lease Open Hole Dually Comp. Commingled (Submit ACO-5) (Submit ACO-4) (If vented, Submit ACO-18.) Bridge Plug Shots Per Bridge Plug Perforation Perforation Acid, Fracture, Shot, Cementing Squeeze Record Foot Top **Bottom** Type Set At (Amount and Kind of Material Used) TUBING RECORD: Size: Set At: Packer At:

Form	ACO1 - Well Completion				
Operator	SM Oil & Gas, Inc.				
Well Name	FULSOM B 4				
Doc ID	1371472				

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	12.75	8.625	20	42	Portland	10	na
Production	7.875	5.50	17	2131	60/40 POZ, OWC	500	8% Gel